TITLE

Descriptive study on lacrimal gland lesions in a tertiary eye care centre.

SYNOPSIS

AIM:

To study the demographic profile, clinical features, treatment options and outcome of lacrimal gland lesions. **OBJECTIVE**:To determine demographic profile, clinical presentation, management algorithm and treatment outcomes of patients with various lacrimal gland lesions.

METHODS:

Retrospective, descriptive case series of lacrimal gland lesions from the period of June 2012 to July 2014 are included for this study.

Data included age,gender,place,ocularcomplaints,visualacuity,laterality, proptosis, EOM restriction and mass description.. All patients underwent imaging, biopsy and histopathology. Treatment and followup was analysed. **RESULTS:** A total of 27 patients presented to our orbit department with lacrimal gland lesions from June 2012 to July 2014 of whom 13 patients were males (48%) and 14 (52%) were females. The age of presentation ranged from 7- 64 years. In our study the

patients were clinically classified into six categories – Benign(8patients), Malignant(5 patients),

Inflammatory(5 patients),Infective(1 patient),lymphoproliferative(4 patients) and structural lesions(4 patients). Benign and malignant tumours are completely rare below 10 years. There is significantly increased incidence of structural lesions 4 patients (Dacryops) presented in this study. Rare tumors of Hemangiopericytoma, Adenocarcinoma, Langerhan cell Histiocytosis,

Tuberculous dacyoadenitis were reported in this case series.

Treatment options include lateralorbitotomy,Excision/incisionalbiopsy, histopathological examination, postoperative steroids, chemotherapy and chemoradiotherapy depending on the nature of the lesion. In 6 months and 1 year followup, recurrence seen only in two cases of adenoid cystic carcinoma.

CONCLUSION:

In any lacrimal gland lesion Imaging, lateral orbitotomy and biopsy,with appropriate treatment and followup is mandatory in all cases.

Key words: Lacrimal gland, tumours, orbitotomy, biopsy, histopathology.